

## Request #

Agency Name:				Agency Name:				
Mailing Address:				Mailing Address:				
City:			Zip:		City:			Zip:
Phone:		Email:		Phone:		Email:		
Contact Person:				Contact Person:				
YES Program								
Program Name		Time Period	Grant Number		Amount Requested		RPOSD USE ONLY	
			TOTAL REQUEST:					
Name of Authorized Representative (Type or Print)				Title of Authorized Representative (Type or Print)				
Signature of Authorized Representative				Date				
Comments:								
RPOSD USE ONLY								
Program Manager			Date	Administration Supervisor			Date	
Grants Supervisor			Date	Finance Supervisor			Date	
				District Administrator			Date	
LA COUNTY ACCOUNTING SECTION USE ONLY								
GAED/GAX ID NUMBER		SCHEDULED PAYMENT DATE		GAED Data Entry by:			Date	
VENDOR CODE		REVENUE ACCRUAL FY & AMOUNT		Level One Approver:			Date	
FUND NUMBER	LOCATION CODE	REVENUE ACCRUAL FY & AMOUNT		Level Two Approver:			Date	
SUB-FUND	PROJECT CODE	PAYMENT REQUEST AMOUNT		GAX Data Entry by:			Date	
UNIT CODE	DEPT OBJECT	P/F	Special Handling	Level One Approver:			Date	
Comments:				Level Two Approver:			Date	
PROCESSED PAYMENT INFORMATION								
WARRANT #	WARRANT AMOUNT	WARRANT DATE		GTS Data Entry by:			Date	